

Form No. 1.

(1) PLACE OF BIRTH

County of Horry

Township of Dog Bluff

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**4150**

Registration District No. 2503 Registered No. 8  
(For use of Local Registrar)

(2) Full Name of Child

Dan Washington Graham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 22, 1915  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME George Washington Graham

(9) PRESENT POSTOFFICE OF FATHER Horry Co. S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE Horry Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth None

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mellie Puri

(15) PRESENT POSTOFFICE OF MOTHER Horry Co. S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Horry Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. H. Leathers (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Sept 6 1915  
G. W. Mullen  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. D. Lampert  
(27) Filed July 24 1915 (28) J. D. Lampert Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley, of Columbia.